SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 24 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) John Tierney for Congress		
Full Name (Last, First, Middle Initial) A. Judah Isseroff		Date of Disbursement
Mailing Address 25 Boardman St Apt 2		10 02 2014
City State	Zip Code	Amount of Each Disbursement this Period
Salem MA	01010 1000	
Purpose of Disbursement Payroll		1185.69 Transaction ID : D455669
Candidate Name	Categor Type	ry/
State: District: Full Name (Last, First, Middle Initial)		
3. Judah Isseroff		Date of Disbursement
Mailing Address 25 Boardman St Apt 2		10 16 2014
City State	Zip Code	Amount of Each Disbursement this Period
Salem MA	01970-4005	1405.00
Purpose of Disbursement Payroll		1185.69
Candidate Name Category/ Type		Transaction ID : D455670
Office Sought: House Disbursement F		
State: District:		
Full Name (Last, First, Middle Initial) John J. Walsh Insurance Agency, Inc.		Date of Disbursement
Mailing Address P.O. Box 4407		M M / D D / Y Y Y Y 10 16 2014
City State	Zip Code	Amount of Each Disbursement this Period
Salem MA	01970-6407	Amount of Lacii Dispulsement this Fellou
Purpose of Disbursement Policy Renewal		478.00
Candidate Name Category/ Type		
State: District:		
SUBTOTAL of Disbursements This Page (optional)		

TOTAL This Period (last page this line number only).....